

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023418

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3292

FILED JUL 16 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H.A. Pallett

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 56 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEAD ON ARRIVAL BAPTIST MEMORIAL HOSP.		d. STREET ADDRESS (If outside, give location) 6601 BELLEFONTAINE	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle A Last SKATES		4. DATE OF DEATH Month JUNE Day 20 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR. 15, 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDER		10b. KIND OF BUSINESS OR INDUSTRY SKATES BELTING & SUPPLY COMPANT	9. AGE (last birthday) 76
11a. FATHER'S NAME THOMAS FRANKLIN SKATES		11b. BIRTHPLACE (City and state or country) TYLER, Texas	
13a. FATHER'S NAME THOMAS FRANKLIN SKATES		13b. MOTHER'S MAIDEN NAME MARIE DAVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address 6601 BELLEFONTAINE MRS. ROXIE M. SKATES KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Partial Coronary Occlusion DUE TO (c) Myocardial Infarction + Multiple Thrombi		INTERVAL BETWEEN ONSET AND DEATH 30 Minutes Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebro-Vascular Renal Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 18, 1945 to June 20, 1962 and last saw him alive on January 19, 1962 . Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Harold A. Pallett, M.D.	
22b. ADDRESS 4620 L.C. Nichols Dr. Kc2		22c. DATE SIGNED 6/21/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 22, '62	23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH CEMETERY	
23d. LOCATION (City, town, or County) KANSAS CITY MISSOURI		25. DATE RECD. BY LOCAL REG. 6-22-62	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE Ruth H Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

R. Harold A. Sallett
525 Ridge Road
1:00 - 7:00
J. C. Nichols Pharmacy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy
Licensed Embalmer No. 4913

P.O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.